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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/645,426		Filing Date 21 August, 2003		<input type="checkbox"/> To be Mailed					
				Applicant(s) SEUL, MICHAEL				Page 1 of 2					
* May be used for additional claims or amendments													
CLAIMS	AS FILED 04/25/2008		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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2	---	---					52	----	----				
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29	----	----					79		1				
30	----	----					80	----	----				
31	----	----					81		1				
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37	----	----					87	----	----				
38	----	----					88		1				
39	----	----					89		1				
40	----	----					90		1				
41	----	----					91		(1)				
42	----	----					92		(1)				
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49	----	----					99		1				
50	----	----					100		1				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101		1					151						
102		1					152						
103		1					153						
104		1					154						
105		1					155						
106		1					156						
107		1					157						
108		1					158						
109		1					159						
110		1					160						
111		1					161						
112		1					162						
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143							193						
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145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
Total Indep	2						Total Indep						
Total Depend		36					Total Depend						
Total Claims	38						Total Claims						

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